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APPLICANTS

William E. Nordt III, Richmond, VA;

** CONTINUING DATA *****

none *JK*

** FOREIGN APPLICATIONS *****

none *JK*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>JK</i> Examiner's Signature	VA	3	9	1

ADDRESS

30010
 AUZVILLE JACKSON, JR.
 8652 RIO GRANDE ROAD
 RICHMOND , VA
 23229

TITLE

Orthotic

FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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